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VARICOCELE IN THE FEMALE.

BY THOMAS DWIGHT, M. D.,

Late Professor of Anatomy in the Medical School of Maine.

THAT the left side of the body is more liable to disease than the right is generally acknowledged; but it seems that the obscure pains and discomforts that haunt the pelvic region of the female have an exceptional preference for the left side. Professor Peaslee, in answer to a question at a meeting of the New York Obstetrical Society,¹ expressed the opinion that they might be due to the greater tendency to congestion on the left, owing to the fact that the left ovarian vein, like the left spermatic in the male, opens into the renal vein, while the right opens into the vena cava. This idea has doubtless occurred to others, but few appear to be aware of any direct anatomical evidence in support of it. Under these circumstances the following observation may be worthy of record:—

Last spring while watching the injection of the system of the vena cava inferior in the body of a woman past middle age, for my lecture on the vessels of the abdomen, I was surprised to find a large vein running up the left side of the vertebral column, which proved to be the ovarian vein. The injection was made by means of gradual pressure from the right common iliac vein, the left one being tied, as was also the vena cava at its upper end. The injection consequently traveled along this enlarged vein downwards from the renal vein in an opposite direction to the course of the blood. This ovarian vein was at least three quarters of the size of the renal vein at the point of entrance into the latter. Lower down it was smaller and was formed by two veins which united shortly after leaving the true pelvis. A remarkable plexus of dilated, varicose, anastomosing veins was found in the left broad ligament and over the left side of the uterus. This was formed by the ovarian vein and the uterine vein which had been injected through it and was much dilated. The various branches of the left internal iliac vein were very well injected, and the communication was so free that the common iliac vein was filled up to the ligature, and some of the injected mass was found in the external iliac. A small branch from the

¹ New York Obstetrical Journal, October, 1876.

uterine vein crossed the front of the uterus near the cervix and was lost in the right broad ligament. It is remarkable, considering the excellence of the injection on the left side, that this should have been the only pelvic vein by which the injection crossed the median line, and this would appear to throw some doubt on the remark of Cruveilhier, that the pelvic plexuses constitute a very important and large communication between the two sides of the body.¹ The right ovarian vein was very small and contained only one or two separate fragments of the injection. This description fails to give an adequate idea of the importance of the venous plexus in the folds of the left broad ligament. It is inconceivable that it should not have occasioned inconvenience during life.

This case might be considered an exceptional one, but I think that there is no *a priori* reason why varicocele should not be as frequent in one sex as in the other. In both, the vein (spermatic or ovarian) opens on the left into the renal vein, and in both it is liable to compression by a distended bowel; indeed, the latter condition would be found most often in women, owing to their greater tendency to constipation. The reasons why we are not familiar with it are that, owing to the internal position of the ovaries, an engorgement of their veins cannot be diagnosed by sight and touch, so that attention is not called to the fact; and that veins appear to be thought unworthy of serious study both by students and teachers. This is the more to be regretted, since if they were studied as carefully as the arteries there is little doubt that interesting and practical observations would be made.

I was inclined after considerable research to look on this observation as a new one, when my attention was called to a passage which I had overlooked in Richet's *Anatomie Médico-Chirurgicale*, which shows that he was aware of this appearance, and that the subject had been specially investigated by Dr. Devalz.² The following passage translated from Richet is of interest in this connection:³ "I have found this plexus usually but slightly developed in young girls who had not menstruated, but on the contrary in those who have done so for several years, and especially in women who have had many children, it is increased in a marked degree which varies in different cases. The explanation of this peculiarity is to be found in the congestion of the uterus at each monthly period, which at a certain time forces a considerable amount of blood into the uterine and peri-uterine systems of veins. Repeated pregnancies have the same effect. Various other causes can favor the development of the utero-ovarian plexus, as, for instance, constipation, and this is no doubt the reason why I have always

¹ *Anatomie descriptive*, tome iii., p. 244, 1871.

² *Thèse pour le doctorat*. Paris, 1858.

³ Third Edition, 1866, p. 817.

found it larger on the left than on the right, for the left utero-ovarian vein passes under the sigmoid flexure of the colon, which in women is almost always filled with feces and hinders the return of the circulation. The veins forming the utero-ovarian plexus are surrounded by the cellular tissue of the broad ligament, and their walls, which are but ill-supported, oppose only a feeble resistance to the almost direct pressure of the column of blood in the inferior vena cava; this is no doubt the reason that I have frequently found them dilated and varicose, sometimes even forming at the sides of the uterus a true *varicocele*, which has the closest analogy to the tumor of that name observed in the male." It is worthy of notice that Richet does not appear to have seen, or at least does not allude to any great enlargement of the trunk of the left ovarian vein after it has left the pelvis, as in the case described at the beginning of this article, and that he is apparently inclined to ascribe the dilatation rather to pressure by the bowel than to the opening of the left vein into the renal. Cruveilhier¹ alludes to the fact that the veins of the round ligament may become varicose, especially at the external abdominal ring, and may closely resemble a hernia.

ANTISEPTIC SURGERY AT THE BOSTON CITY HOSPITAL.

BY GEORGE W. GAY, M. D.,

One of the Visiting Surgeons.

CASE I. *Abscess of Knee.* — Mrs. McG. was admitted to this hospital September 30, 1876, with a moderate attack of phlegmasia dolens of three weeks' duration. She improved for a time, and then a circumscribed induration about the left knee developed. On November 14th she was etherized, and the presence of pus was demonstrated by the aspirator. The leg having been thoroughly bathed in the hospital solution of carbolic acid (one part to forty), the abscess was opened under the carbolic spray by two free incisions, and its cavity was thoroughly washed out with the carbolic solution. Between one and two ounces of pus were evacuated. The wounds were dressed by Lister's method, that is, with the antiseptic gauze, oil silk protective, and mackintosh cloth.

The abscess was washed out and the dressing reapplied under the spray every day or every other day, according to the amount of the discharge, for a fortnight. The spray was then omitted, but the rest of the treatment was continued for nearly two weeks longer, when the wounds were superficial and nearly healed. During all this time the patient was very comfortable. The flow of pus was moderate and entirely devoid of its usual odor. I doubt if the abscess healed any sooner

¹ Anatomie descriptive, tome iii., p. 469.

under this treatment than it would have done under that usually pursued in such cases.

CASE II. Amputation of Toe. — T. H., aged sixty-two years, shoemaker, desired to have the second toe of his left foot amputated for chronic disease commencing in an inflamed corn. We removed the toe under the carbolic spray on November 17, 1876. The vessels were tied with fine, antiseptic catgut, which was cut short. One suture of the same material was put in at the upper angle of the wound. The wound was then dressed with the gauze, etc., as in the above case. The dressing was changed the first and second days after the operation, and then the intervals increased from two to five days till December 4th, when, the wound being a mere line, oxide of zinc ointment was substituted for the antiseptic dressing. There was no suppuration, nor pain, nor swelling of the foot, so common after these operations, nor constitutional disturbance throughout the entire treatment.

CASE III. Amputation of Leg; Antiseptic Method; Recovery. — N. P., Italian, aged twenty, stone-cutter, entered the hospital November 3, 1876. He had a compound, comminuted fracture of the left tibia and fibula at the middle third, caused by a derrick falling upon him a short time before. Strenuous efforts were made to save the limb, but the fragments became necrosed, pus began to burrow, and the health to fail.

November 28th. Patient etherized, and Esmarch's bandage applied. The leg having been thoroughly cleansed with the carbolic solution, it was amputated by us at the upper third, by the antero-posterior skin flap method. The vessels were successfully secured by torsion. The flaps were accurately adjusted and secured in their places by carbolized catgut sutures, an opening for discharges being left at each angle of the wound. The entire operation was done under a powerful jet of carbolic spray, and the stump was dressed with the antiseptic gauze, etc.

The patient did exceedingly well after the operation. There were no complications whatever. The dressings were changed under the spray every day for nine days, after which time they were allowed to remain from two to five days. Five days after the operation there was moderate suppuration, but the stump was free from odor and pain. At the end of a fortnight the flaps were well united, there being left only a small granulating surface at each angle where they were not closed. The patient was practically well in about three weeks.

CASE IV. Amputation at the Knee-Joint for Compound, Comminuted Fracture of the Leg; Torsion; Antiseptic Dressings; Death from Exhaustion in Six Days. — Thomas O'G., aged sixty-seven years, blacksmith, had his right leg crushed off by the steam-cars in the evening of November 29, 1876. When brought to the hospital, about an hour after receiving the injury, he was suffering considerable shock. Pulse 40; res-

piration slow; temperature below normal and extremities cold. He was given a hypodermic injection of one eighth of a grain of morphia, a little hot brandy and water by the rectum, and his body was surrounded by heaters. In two hours and a half he had rallied so that his pulse was 60, of fair strength, the extremities were warm, and he was pretty quiet.

A little ether having been given, and a rubber cord tied tightly around the thigh just above the knee, we amputated the leg at the knee-joint, leaving an anterior skin flap two or three inches long, and a posterior mixed flap five inches in length, the skin being an inch longer than the muscular portion. The vessels were closed by torsion without hæmorrhage. The spray was not used during the operation, but before applying the antiseptic gauze the wound was thoroughly washed with the ordinary solution of carbolic acid used in this hospital (one part to forty). The flaps were secured in their place with carbolized catgut sutures, and the stump was dressed with the antiseptic gauze, etc. The limb was re-dressed every day under the spray, but well-marked suppuration was established on the fourth day, attended by a somewhat offensive odor. In spite of the utmost care in feeding and stimulating the patient, he sank, and died from exhaustion on December 5th, six days after the operation.

The spray was not used in the above operation for the reason that it is troublesome at any time, and especially so at night, or while doing operations by an artificial light. And furthermore, I fail to see its absolute necessity in any operation. Cannot a stump be made as thoroughly aseptic, or even more so than a compound fracture, or any other deep and lacerated wound? More or less time must necessarily elapse before accidental wounds can receive antiseptic treatment. If it succeeds in these cases, as Mr. Lister claims that it does, then why need we take measures to free the wound caused by an operation from septic matters until we are ready to apply the dressings? It would seem that wounds of our own making might be as effectually deprived of septic matters as those received accidentally.

The gauze used in this hospital is simply a cheap muslin, commonly used to cover the under surface of poultices, which has been impregnated with Lister's mixture of carbolic acid (one part), resin (five parts), and paraffine (seven parts). It was applied in compresses of eight layers, with a sheet of gossamer rubber between the two outer ones. The object is to apply enough of the gauze to absorb all the discharges without allowing them to come in contact with the open air. We have never seen suppurating wounds so free from odor as they were under this dressing; and if they were ever offensive, it was our own fault in allowing the gauze to remain too long unchanged. The freer the discharge, the oftener must the dressing be changed. In am-

putations it generally requires renewal in twelve hours, unless more of the gauze is used than above mentioned. The rule is to dress the wound at least as often as any of the discharge appears at the edge of the gauze. In our estimation this prepared gauze is a most admirable dressing for all suppurating wounds, where its application is practicable, throwing aside the remainder of the antiseptic method. We have used carbolized catgut for sutures too little to have formed an opinion about it, but we have not the slightest doubt as to its value in securing vessels too small or otherwise not suitable for torsion. It has answered the purpose admirably in a considerable number of cases in which we have used it, such as amputations of the breast, etc. The ligatures are cut short, the wound is closed, and thus far no hæmorrhage has ever recurred, nor have we ever seen the ligature afterward. In a successful case of ovariectomy we applied a catgut ligature the size of the largest string of a violin to a portion of the broad ligament, and left it in the peritoneal cavity with no ill consequences. It was never again seen.

Although we have as yet failed to have such good results from the use of the antiseptic treatment as is claimed for it by Mr. Lister and his followers, we think it deserves a thorough trial, not only on account of the great advantages claimed for it, but also on account of the steadily increasing testimony in its favor. One of the principal objections to its use is the spray, which takes time and work, and is, moreover, very disagreeable to the surgeon. If that could be dispensed with the method would be simple, and could be readily used in private as well as in hospital practice. Any method of treatment, however, which will diminish or prevent suppuration, erysipelas, cellulitis, etc., is worthy of serious consideration, however troublesome it may be.

SUDDEN DEATH FROM EMBOLISM.

BY C. L. SQUIRE, M. D., ELMIRA, NEW YORK.

On Friday, the 19th of January, my father, Dr. T. H. Squire, was called to see D. P., aged seventy years. His illness was acute in character, commencing with a chill and pain in the right side in the region of the gall-bladder. Nausea and vomiting occurred, accompanied by other febrile symptoms. The attack proved to be a mild hepatitis, and after a continued attendance of eight days the patient was discharged, convalescent and nearly well. This was on Saturday, the 27th. On the following day, Sunday the 28th, at 8.30 P. M. a messenger came in haste, saying that the patient was taken suddenly worse, and the family were greatly alarmed. My father reached the bedside in a few minutes, and found the patient in a state of collapse, breathing with great difficulty, with no pulse at the wrist, and a general coldness of the surface.

He was rational and too weak to help himself, but by the aid of his attendants he was continually shifting his position, sometimes lying for a moment on his right side, and then urgently desiring to be placed in the erect posture, which, giving no relief, was quickly abandoned for the horizontal or semi-horizontal position, on the right side. The struggle for respiration was distressing to witness. Hartshorn, camphor, whisky, external warmth, friction, fanning, etc., were of no avail. Death took place at half past nine, scarcely more than one hour from the first alarming symptom.

Autopsy, eighteen hours after death. Drs. W. C. Wey, T. H. Squire, and the writer were present. The body was well nourished. Adipose tissue of nearly two inches in thickness was found in the abdominal wall; there were evidences of recent inflammation at the lower edge of the liver and in the neighborhood of the gall-bladder; the latter was quite firmly adherent to the omentum by recent false membrane. There was nothing else worthy of note in the abdominal cavity. Both lungs were free from adhesions, soft, and spongy. No fluid was found in the pleural cavities. The pericardium contained an ounce or two of serum. The heart was natural in size, the right auricle being greatly distended. The ascending and descending venæ cavæ were also full of fluid blood. This auricle was freely laid open, when nearly a pint of dark fluid blood was removed by means of a large sponge. The incision was continued through the right ventricle and along the wall of the pulmonary artery, the sponge being used to keep the parts dry. When the region of the bifurcation was brought into view, the right pulmonary artery was found to be distended and completely plugged by a dark clot. The left pulmonary artery was partly filled by a clot of the same character. When drawn out from its place the clot from the right artery proved to be from two to three inches in length, and about the size of one's finger. It was not very firm in texture, rather darker on the interior than on the surface, and apparently more firm at the cardiac than at the pulmonary extremity. The clot from the left artery was similar in character, but much smaller in dimensions. Besides these evidences of thrombus there was no other abnormal condition in the thorax. The heart itself was free from disease.

To revert to the patient's condition before the advent of these sudden and dangerous symptoms, it may be said that he sat at the table with his family at their regular meals on Sunday, and spent much of the day in cheerful conversation with near relatives and friends, and was intending to show himself upon the street and at his place of business on Monday. Just before the attack, his room becoming too warm, he went down-stairs and opened the door of the furnace, returning again and taking the recumbent position upon a sofa. Possibly this exertion had something to do with the production of the embolism.

CASES OF TYPHOID FEVER DEPENDENT UPON CONTAMINATED DRINKING-WATER.

BY L. WOODS M. D., PITTSFORD, VT.

THE following is a brief history of eleven cases of typhoid fever which I attended in the autumn of 1875. These cases are interesting, first, because with two exceptions they occurred among the members of a single school of thirty children, twenty of whom were attacked. Second, because the epidemic was distinctly traced to sewage poisoning, the source of the infection being the drinking-water used by the school. This water was drawn from a well twenty feet deep, dug the preceding summer, within five feet of the rear of an old house and within fifteen feet of the back door where slops have been thrown out for more than fifty years. Within five feet of the well runs a board sink-drain liable to choke up and overflow. In this house lived a family of eleven persons, nine of whom had typhoid fever, but only three of these were under my care. Of the ten scholars who escaped I have positive information that three of them did not drink of the contaminated water, a specimen of which, examined microscopically and chemically, presented evidence of the presence of organic matter, including fibres of cotton, probably from dish-cloths, and showed upon its surface and the sides of a glass which contained it a greasy scum. Third, because the brothers and sisters of these patients who did not attend the school, nor drink the water in question, escaped the infection, as did their parents.

Four of the cases were males; seven, females. Average age, ten and a half; youngest, six; oldest, nineteen and a half. Six of the cases commenced with chills. Eight complained of headache and backache, and one of general muscular soreness. Two had epistaxis. One had ptosis of the left eyelid, followed in three days by otorrhœa on the left side. Five had bronchial symptoms, and four pneumonia. One, a male, complained of globus hystericus. Rose spots were noticed in three cases only. Abdominal symptoms, such as tympanites, gurgling, and tenderness of abdomen, were well marked in nine cases. Six had diarrhœa. In five there was slight delirium. Nausea occurred in two cases, in one of which it was continuous throughout. In two, who were cousins, the eyelids were observed to be œdematous.

The highest temperature was 109° F., fifteen minutes before death; at the time of death it fell to 108.5° F. In six cases it was 104° F. or over. The pulse rose to 120 or over in every case. In seven it was over 130; in five, 150; in one, 180; and in one, 185. The last two cases were fatal; in one it rose till death, and in the other it fell during the two days preceding death from 185 to 150. The highest respiration was 56. In ten cases it rose to 30; in six to 35; and in four to 40.

One had dysenteric discharges, with tenesmus, and vomited matter like verdigris twice. She recovered.

Two of the cases were fatal from intercurrent pneumonia; the rest recovered. Beside the eleven cases above mentioned, two others appear to have been aborted by an emetic of ipecac, exhibited at the onset of the attack. I made no record of the fourteenth case, an irritable child two and a half years old. These children, with one exception, were previously healthy. One of the fatal cases was convalescent from the fever and had a relapse.

Treatment. — Nourishing food, stimulants, and quinine; ipecac emetics in four cases; mild expectorants and astringents for bronchial irritations and diarrhœa; turpentine stupes to the abdomen for tympany; Dover's powder and bromide of potassium *pro re natâ*. The acid treatment recommended by Chambers was perseveringly employed in all.

RECENT PROGRESS IN OBSTETRICS AND GYNÆCOLOGY.

BY W. L. RICHARDSON, M. D.

OBSTETRICS.

*Obstetrical Aspect of Idiocy.*¹ — Dr. J. Langdon Down recently read a most interesting paper on this subject before the Obstetrical Society of London, in which were recorded the results of his observations, which extended over eighteen years and included more than two thousand cases. Primogeniture seemed to play an important part, no less than twenty-four per cent. of all the idiot children observed being primiparous. He attributes this fact largely to the exalted emotional life of the mother. The chief factor, however, was thought to be the increased difficulty in parturition observed in primiparæ. In no less than twenty per cent. suspended animation occurred, and apparently excited a great influence in the production of idiocy. As regards the injurious effect of instruments, Dr. Down found that in only three per cent. of the cases forceps had been employed. A prolonged labor was far more dangerous to the life prospects of the child than a judicious and timely application of the forceps. Two per cent. only of the last thousand cases were twins. A very potential cause in the production of idiocy was the physical health of the mother during the gestation. Prolonged sickness, fright, intense anxiety, and great emotional excitement were all powerful factors in producing idiocy. No facts could be ascertained as to the effect produced by ergot in relation to this subject. More than twice as many male idiots as female were found. This fact is due probably to the larger size of the cranium, which gives rise to a prolonged or difficult parturition, a continued pressure, and suspended animation,

¹ British Medical Journal, December 23, 1876.

as well as to the well-known greater tendency to infantile convulsions among male children. The diagnosis and prognosis of idiocy were then entered into, and here the writer distinguished developmental cases from those of accidental origin. In all cases a congenital or developmental idiocy was far more amenable to training than a post-congenital affection, inasmuch as an ill-developed brain was more hopeful to deal with than a damaged one. The prognosis was in all cases inversely as the child was of pleasing personal appearance.

Development of the True Corpus Luteum. — Professor Mayrhofer, of Vienna, in a series of papers recently published,¹ contends that the so-called true corpus luteum of pregnancy disappears in the same manner as the so-called false corpus luteum of menstruation, and is replaced by another after a short interval. The doctrine, which was for a long time the accepted one, that it has a duration of from nine to twelve months he considers to be false. In support of his views the author cites cases which have been reported by Luschka, Kussmaul, Tobege, and Gustav Braun. All of these observers have recorded cases in which death has followed the rupture of a tubal fœtation of from seven to twelve weeks' duration, and in which the corpus luteum communicated directly with the peritoneal cavity by a non-cicatrized opening. The description of these corpora lutea exactly corresponded with the account given by Dr. Wm. T. Benham of a true corpus luteum found in the body of a young girl who died while menstruating.

Professor Mayrhofer claims that there can be no question that fresh corpora lutea are formed from time to time during the first three months of pregnancy, and that these successive formations may and probably do continue through the whole period of gestation. His own opinion is that they are formed every month during pregnancy, and have a duration no longer than that of the corpus luteum of menstruation. The writer lays great stress upon the fact that there are many cases on record of tubal pregnancy, or of pregnancy occurring in one horn of an irregularly developed uterus, in which the so-called corpus luteum of pregnancy has been found on the side opposite to that in which the impregnation has taken place. Unless, therefore, we imagine that an ovum frequently migrates across the peritoneal cavity, we must give up the theory, until recently unchallenged, that the developed corpus luteum indicates the ovary which produced the impregnated ovum.

Placenta Prævia. — Dr. R. Davis,² of Wilkesbarre, Pa., claims that more lives, both of mothers and children, would be saved if every case of placenta prævia in which the head presents were conducted with a view to finally delivering by the head rather than by the feet. For years the usual treatment in all cases of placenta prævia, in which the pelvic

¹ Wiener medicinische Wochenschrift, 1876, Nos. 18 and 19.

² Address in Obstetrics, Transactions of State Medical Society of Pennsylvania, 1876.

extremity of the child did not present, was version. According to statistics over two thirds of all the children thus delivered are still-born. One third also of the mothers thus delivered die. The cause of death is, as a rule, hæmorrhage. The object sought, therefore, in every case of placenta prævia should be how best to stop this loss of blood. In certain cases spontaneous delivery is effected. The child in these cases is born first, the placenta being partially detached, the extent of the detachment varying according as the placental implantation approaches a central one. In cases in which the placenta is not centrally implanted there can be no question that, as the labor progresses, the weaker attachments of the placenta will yield first, and a lateral separation will take place on the side where the smaller portion of the placenta is attached.

As the proper treatment of placenta prævia, Dr. Davis proposes the following plan, which is a very material modification of Barnes's operation: "As soon as the os uteri will admit two or three fingers, pass the hand into the vagina. Ascertain by sweeping the finger-around between the placenta and uterus (without disturbing their connections) on what side the separation of the placenta is most extensive. That will always be the side of the least extensive attachments. Introduce two or three fingers on that side up between the placenta and uterus until the border of the placenta, where the membranes begin, is reached, severing the attachments as you go, if any remain; then hook the fingers over the border and draw the placenta forcibly down and pack it closely to the other side. The membranes will, of course, come down with it, and will protrude through the open mouth of the womb. Rupture the membranes at once, and empty the womb of its waters as thoroughly as possible. The head, if it presents, and if pains are active, will now engage in the os, and will crowd the placenta to the side of the cervix on one side, and will block up the open mouths of the vessels upon the recent seat of the placenta on the other, *and the hæmorrhage will cease.* In every case in which I have resorted to this procedure, such has been the happy result, and I have been left free either to allow the labor to end naturally or to end it myself by the forceps."

By this method of treatment no more of the utero-placental attachments are severed than is absolutely necessary. The connections between the uterus and placenta on one side are undisturbed. All necessity for version is avoided, and the labor is a natural one. As compared with Barnes's operation it will be seen that the plan of Dr. Davis more effectually relieves the strain upon the placenta caused by the dilating os and the pressure from above. The overlying placenta is completely removed and no longer blocks the way, as may be the case after Barnes's operation has been performed.

Bearing in mind, therefore, the advantages of this new method of

treatment, Dr. Davis recommends the following as the best course to be pursued when dealing with a case of placenta prævia: "If active interference is called for in consequence of flooding before dilatation has begun, I would strive, by every means known to our art, to control the bleeding and hasten dilatation. Preferably, I would use for this purpose: first, Molesworth's dilators, preceded, if necessary, by a sponge-tent; second, Barnes's dilators; third, the tampon or colpeurynter; fourth, ergot, if the presentation is not transverse; fifth, evacuation of the liquor amnii. By a judicious and skillful use of these means I believe that fatal hæmorrhage, if the case be seen in time, may almost always be prevented until the os is dilated an inch and a half or two inches. Then, if the os be not covered by placenta, rupture the membranes, and, if the hæmorrhage does not then cease, apply the forceps after Dr. Eshleman's method. But if the os be covered by placenta, Dr. Eshleman's procedure must be preceded by the operation of lateral detachment, and drawing the placenta down to one side, as recommended in this paper. In a large proportion of cases, after the execution of this procedure, and giving ergot, kneading the abdomen, and applying the binder, bleeding will stop, and the case may be left to nature. If, however, the womb refuses to contract sufficiently to cause the head to tampon the os and stop the bleeding, an attempt should at once be made to apply the forceps; and after the blades of the instrument have been properly adjusted to the child's head, the accoucheur becomes master of the situation."

[The operation which Dr. Davis describes as a new method of dealing with cases of placenta prævia is the same as that taught by Professor Carl Braun in Vienna, at least ten years ago, and at the Harvard Medical School during the past four years. The writer of this report has treated two cases of placenta prævia in accordance with this method, and with successful results to both mother and children. Dr. Davis has, however, in his address given the first description of an operation which has not heretofore been alluded to in obstetrical writings. — REP.]

As a proof of the great value of this method of treating a dangerous complication of a case of labor, Dr. Davis gives the account of twenty-eight cases of placenta prævia in which his plan was followed. Of the twenty-eight mothers one died of post-partum hæmorrhage, one died of heart-clot induced by sitting up in bed an hour after a safe delivery by the forceps, and twenty-six recovered. Of the twenty-eight children twelve were born alive, while of the sixteen still-born at least four were non-viable. The condition as to viability in four of the cases also was unknown. In two the placenta was extracted several hours before delivery, and in one the brain had to be punctured. In the remaining five cases death resulted from the extensive detachment and the consequent hæmorrhage.

As regards the operation of version Dr. Davis thinks it should be reserved for two classes of cases: first, cases of transverse presentation of the child, provided that cephalic version cannot be easily performed by the bi-polar method; second, cases in which for some reason the blades of the forceps cannot be made to grasp the head within the cavity of the uterus.

In this connection it may be interesting to quote the results of nineteen cases of placenta prævia treated by Professor Carl Braun in Vienna, and just published by Dr. Bandl.¹ Of these cases fourteen were delivered by version. Seven of the children were still-born, and seven lived, while of the mothers ten recovered and four died. Five of the cases were left to nature. Of these two of the children were living, and three were still-born, one of the latter at least being non-viable (six months). All of the mothers recovered.

Dr. Thomas² advises that in all cases of placenta prævia, where it is possible, premature labor should be induced. In this way the labor is directly under control, and the danger of a sudden and unexpected hæmorrhage is avoided. The weakness resulting from repeated loss of blood is also prevented. The advantages to the child are equally great, since repeated hæmorrhages are as injurious to the child as to the mother. There can of course be no question that a healthy child born at eight months is as likely to live as a weak child born at full term. This method of treatment has guided Dr. Thomas in his own treatment, and he has lost but one patient. The cause of the death in this case was a post-partum hæmorrhage.

Occlusion of the Vagina; Delivery. — Dr. Chamberlain³ gives the account of a case in which he was called to see a young woman, aged twenty-six, when two months pregnant. She was in bed, with respiration hurried, and pulse 130. She complained of great pain in the loins, and the abdomen was tense and tender. Fifteen leeches were applied to the right iliac region. Great relief followed. Two weeks later there was a purulent discharge from the vagina with extensive ulceration of the os uteri. Fourteen applications of nitrate of silver were made, a week intervening between each application. At the end of this time it was found that the os uteri was completely closed by cicatricial tissue. After a consultation with Professor Depaul it was decided to leave the case until the termination of pregnancy. When the patient was about seven and a half months pregnant, labor set in. After waiting seventeen hours, an incision large enough to admit the extremity of the finger was made through the closed os, and the re-

¹ Ueber das Verhalten des Uterus und Cervix in der Schwangerschaft und während der Geburt. Dr. L. Bandl. Stuttgart. 1876.

² American Journal of Obstetrics, February, 1876.

³ Archives de Tocologie, September, 1876.

maining tissue was broken down with the finger. Six hours later a premature female child was born, who died the next day. The patient made a good recovery.

Uterine Thermometry. — Dr. P. Marduel¹ gives the results of the experiments in uterine thermometry by Cohnstein, Fehling, Schlesinger, and Alexieff. In a gravid uterus the temperature is from 0.27° to 0.54° F. higher than in the vagina, the temperature of the vagina being higher than in the axilla. In a gravid uterus containing a dead child, the temperature is lower than that of the vagina. The temperature of the uterus is also raised in inflammations of the organ, such as perimetritis, endometritis, etc., etc. Alexieff took during labor the buccal and rectal temperatures of the fœtus, and found that they were from 1.26° to 2.34° F. in the rectum and from 0.54° to 1.26° F. in the mouth above that of the vagina.

Conception without Menstruation. — Dr. W. M. Turner² reports the case of a German woman, twenty-eight years of age, who had never menstruated nor experienced any of the frequent premonitory or accompanying symptoms of menstruation. Yet she had been married eleven years, and during that time had aborted twice, and had borne four children at full term.

(To be concluded.)

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

A. L. MASON, M. D., SECRETARY.

DECEMBER 30, 1876. Fifty-five members were present; the president, DR. WILLIAMS, in the chair.

Inebriety and its Cure. — DR. ALBERT DAY, at the request of members of the society, read a paper on this subject, which has already been published by the author. Dr. Day, after enumerating the various causes which lead to drunkenness, expressed the opinion, based upon an experience of seven thousand cases treated at the Washingtonian Home and elsewhere, that inebriety is a disease, not a crime, and should be treated accordingly by suitable moral and remedial measures.

DR. BOWDITCH could not agree that it was necessary for every human being to avoid taking a glass or two of wine or of whisky and water from the fear of becoming a drunkard. He had known many persons who had been in the habit of using a moderate amount of wine with benefit during long lives. The report of the adjutant-general informs us that many of the worst subjects during the late war, through the discipline required in the army, afterward became good citizens. Dr. Bowditch agreed with Dr. Bucknill that it was a bad plan to coddle all the drunkards, since many of them were fit subjects for pun-

¹ Lyon Médical, October 29, 1876.

² Philadelphia Medical Times, January 6, 1877.

ishment; some were vicious drunkards, and others dipsomaniacs. Therefore the same plan of treatment will not do for all, and a medium course is probably advisable.

DR. ORDWAY thought that every case of simple delirium tremens could be cured by the stimulant method in a carefully restricted and modified form. The stimulants should be hot; the sudorific effect is often considerable. Dr. Ordway had treated sixty-seven cases of delirium tremens in his own practice, and had procured sleep in all of them, often within twenty-four hours.

DR. DAY stated that his personal views on the use of wine and the treatment of inebriates were not radical, but that his paper was written from his stand-point as the superintendent and physician of an inebriate asylum. He thought that there was nothing new in the stimulating treatment, and said that it was followed in his practice when occasion required, instancing the case of a patient who was brought to him in a helpless state of exhaustion from drunkenness, with constant vomiting and purging. Opium was administered; the vomiting soon ceased, but the patient was very feeble and cyanotic, with no pulse at the wrist. Brandy and capsicum with laudanum were given, and in a week he was pursuing his profession.

DR. LYMAN wished to take exception to the part of Dr. Day's paper referring to the supposed excessive drinking in the army during the late war as having made many habitual drunkards. During a very extensive experience as medical inspector in all parts of the country east of the Mississippi he could not remember cases of soldiers who became drunkards in the army who were not so before. He thought that the community were in error with regard to the amount of harm done by drink at the time of the war, and that more men were cured of their previous bad habits during their term of service than the number who became inebriates. Dr. Lyman remarked that the paper by Dr. John Ware, perhaps the best on the subject extant, had made a revolution in the treatment of delirium tremens; that the disease was self limited, and that most uncomplicated cases recover with simple treatment, bromide of potassium, chloral, etc. With regard to the habitual use of wine, Dr. Lyman thought it unquestionably beneficial, when taken in moderation, to persons of certain temperaments, and very harmful to many others. He regarded the use of stimulants in disease as often of great value, and thought that patients sometimes cared less for liquor on recovery than before, owing to the disagreeable associations. He had found hock wine a useful form of stimulant in the desquamating stage of scarlatina.

DR. DAY said that he had treated between five and six hundred cases of delirium tremens, and did not remember having lost a case which was not complicated with pneumonia or some cerebral or other trouble. He thought that the moderate use of wine might be of benefit to some persons in daily life.

DR. AYER said that his rule had been to avoid alcohol in the treatment of delirium tremens as far as possible, preferring to use opium, valerian, strong tea, coffee, etc. He thought it our duty to discuss the question of the use of stimulants very freely, and felt that he had no right to dispute a patient who told him that he was benefited by a glass or two of wine. The case of a patient was mentioned who had been in the habit of taking his eleven o'clock

and four o'clock dram daily since boyhood, and lived to the age of ninety-seven, as an instance of the possibility of long moderation. Dr. Ayer saw no reason for considering an ordinary case of intemperance the manifestation of a disease.

Aortic Aneurism within the Pericardium. — DR. E. CHENERY presented the heart, aorta, a kidney, and a section of the liver of a woman about fifty years old. She had been a free drinker, and there was general fatty degeneration. Some of the muscles of the face were identified with difficulty on account of the fatty changes in the fibres. The liver was pale and firm, and sections felt much like hard soap. The kidneys had a greasy feeling, and sections of the pyramids showed abundance of oil globules under the microscope, with granular degeneration of the epithelium. The brain was considerably firmer than that of a man which was examined at about the same time after death. In the aorta the endothelium and the muscular tissue were extensively replaced by calcareous deposits. About two inches from the semilunar valves the vessel had yielded under the blood pressure, and there was a somewhat elongated aneurism which had ruptured, causing sudden death. The pericardial sac was filled with blood. Rough, earthy deposits could be felt with the finger introduced at the point of rupture, both upward in the arch and downward in and about the valves. The abdominal aorta was decidedly more changed than the thoracic, and felt between the fingers as if the walls were lined with broken fragments of oyster shells. The sharp edges pierced the outer coat on crushing the vessel. Four inches above the bifurcation a mass of deposit projected into the current of circulation nearly a quarter of an inch, looking like the spiral end of a snail shell. Dr. Chenery remarked that this form of deposit in the large arteries follows fatty degeneration, while the deposit which is frequently found in the capillaries and in the smaller arteries is not preceded by fatty degeneration. The aneurism was small, as is usually the case when within the pericardium.

HEALTHY SKIN.¹

THIS is the eighth edition of a book first published thirty-one years ago; one which has undoubtedly been the means of distributing a great amount of useful information concerning the nature and care of the skin among the English-reading people. As hitherto, it treats in a popular manner of the anatomy and functions of the skin and its glandular systems, and of the influence of diet, clothing, exercise, and bathing on its health. This portion of the book, with the exception of many fanciful and some erroneous views expressed in it, which seem inseparable from Mr. Wilson's writings, is wholly commendable.

The remaining part, that devoted to a treatise on the diseases of the skin, we cannot praise. It may communicate that little knowledge which is dangerous, and even that little may be wrong. For example, notice what the

¹ *Healthy Skin: A Popular Treatise on the Skin and Hair, their Preservation and Management.* By ERASMUS WILSON, Professor of Dermatology in the Royal College of Surgeons of England. Philadelphia: Lindsay and Blakiston. 1876. Pp. 311.

author says about ringworm: first, that it is closely allied to plica polonica, an affection which does not exist as a pathological process; second, after stating that he has "seen the desolating misery caused by ringworm," and that he would advise every precaution to prevent contagion, he says that he is "firmly of the opinion that the disease is not contagious." So, too, with regard to favus; after remarking that he knew a case of a boy with this disease who played with other children without their taking it, and after offering this as conclusive proof of its non-parasitic character, he exclaims: "And so it frequently happens that a little hard-headed, practical sense dissipates, like a ray of sun the morning's mist, the most dazzling scientific theories."

Certainly more dangerous opinions were never put forth, even in the medical literature of the daily or religious press.

REPORT OF THE CITY BOARD OF HEALTH.¹

THE Report of the City Board of Health for the year ending April 30, 1876, is a document of ninety-one printed pages, comprising, together with other matter, statements of work accomplished by the board, a small amount of statistical information relating to mortality, and a valuable paper on Infant Mortality by Dr. W. L. Richardson, which will be made the subject of a separate notice in our next number. A paper on diphtheria was to have been contributed by Dr. F. W. Draper, embodying the results of extensive investigations into the surroundings of such cases as had occurred in the city, but unfortunately the completion of this task was prevented by the illness of Dr. Draper.

One of the most important passages in the report relates to the registration of deaths. The statute upon this subject, quoted in the report, is as follows: "Any physician having attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same." This seems at first sight clear enough. Such, however, is the freedom of our institutions as to render the word "physician" quite meaningless. The statute might read, "Any person having attended," etc., without thereby becoming any more comprehensive in its scope than it now is. So very elastic, indeed, among us is the general conception of what constitutes a physician as to include individuals of both sexes who complacently ascribe death to such fantastic causes as the following: cancrum, canker and spasms, lack of vetallity, lack of villality, daeth barne, canker humer, swallowing, lung diess, canther of the bowels, scharlatena, chituses! One such person, who, being a female and having assumed the responsibility of attending a patient on his death-bed, would probably claim to be called a "lady physician," returned a certificate worded as follows: "This certifies that A beby boy died on the *born* day of Febberiy 1876. Cause of death: *Born*. Signed: M—^{her} × R—^{mark}." The

¹ Fourth Annual Report of the Board of Health of the City of Boston. 1876.

report, after remarking that the question who is a physician ought to be settled, goes on to say: "Is every person who holds himself or herself out as such, attending another in his last illness, a physician within the meaning of the statute? Are we to take the certificate of every *soi-disant* physician, and upon that alone give a permit for burial? Is he or she a physician who has no degree, no diploma, who has never studied medicine, who has little or no experience, who cannot spell the name of a disease so that it can be read or understood, and who cannot write his or her name at all, but who simply makes a mark?"

It is evident that the utility of statistics relating to mortality is strictly dependent upon the accuracy with which the causes of death are recognized and recorded by attending physicians, and that any collection of statistics which is adulterated, as it were, with a considerable proportion of such ridiculous data as have just been alluded to must yield more or less vitiated results. Such being the case, the best way, perhaps, of dealing with the statistical material collected by the Board of Health would be to separate the presumably accurate from the manifestly valueless returns. This could be easily accomplished by eliminating all certificates returned by individuals who do not belong to the Massachusetts Medical Society, such records being classed under the heading *cause of death unknown*. The remaining certificates, emanating from duly qualified physicians, could be dealt with in the usual manner, as constituting more or less trustworthy statistics.

The amount of statistical information contained in this report is inconsiderable. The city registrar, speaking of the reasons which led him to hesitate in the preparation of his last yearly report, said: "The establishment of the Board of Health, however, to which is properly confided all that relates to the sanitary affairs of the city, and the publication in their reports of the mortality statistics of the city, seemed to render a duplicate report by the city registrar superfluous." A similar consideration may have led the Board of Health to abstain from more elaborately working up the statistical material in its possession. This state of things rather reminds one of what takes place when two persons stand bowing before an open door, each refusing to take precedence of the other, and neither going through. Unless some agreement be arrived at concerning this matter between the Board of Health and the registrar, the vital statistics of the city are hardly likely to yield their full measure of utility.

The report contains a few valuable tables and some carefully executed and interesting charts. One of these, the third, which shows the weekly decedents of *native, foreign, mixed, and unknown parentage* throughout the year is particularly curious. In it we see a marked contrast between the courses followed by the native and by the foreign mortality: the former is comparatively uniform from month to month, without distinct maxima; the latter, on the contrary, shows very marked exacerbations in summer and in winter. The chart indicates distinctly that the summer and winter maxima observable in our yearly mortality are due almost wholly to the deaths which occur among the foreign elements of our population. The diseases which cause these maxima are, in summer, the diarrhoeas, and, in winter, diseases of the respiratory or-

gans. These are the principal affections concerned in the production of our excessive infant mortality, which is thus once more shown to prevail principally among our foreign inhabitants.

HUTCHINSON'S CLINICAL PLATES.¹

FASCICULUS V. contains the illustration of injuries to the head. In speaking of certain specimens the author says: "I do not, indeed, know of any class of cases by which we may more conveniently illustrate the chain of phenomena which make up what is known as pyæmia than those which we have now to consider. . . . I cannot conceive that any one familiar with the pathological facts respecting these cases can doubt that pyæmia proper is due to inflammation of the veins. . . . We have to witness in these cases over and over again inflammation of the bone; . . . next extension to the dura mater, . . . and lastly the formation of a thrombus in the longitudinal sinus. In every case in which pyæmia follows an injury to the skull these conditions are found, and they are not found in other cases. . . . If it were as easy to inspect the veins of the uterus after deaths from pyæmia after parturition, or those of the limbs after the like event after operation or compound fractures in all probability evidence of a character just as definite would be forthcoming." These extracts will serve to indicate the value of the present number.

OPHTHALMIC AND OTIC MEMORANDA.²

THIS little book "aims to give a concise and correct outline of our present knowledge of ophthalmology and otology, and to serve as a kind of dictionary of these subjects." It appears to have been carefully compiled, and is much more accurate than is generally the case with works of the same size. The authors very properly say they "shall be sorry if it is ever used to acquire a *primary* knowledge of either of these sciences, or if it is trusted for *complete* directions as to the diagnosis and treatment of ophthalmic and aural diseases." If these suggestions are heeded, the book may prove of value, but we must confess to doubts whether such little compends are not used chiefly for the purpose of "cramming" and for the acquirement of knowledge which is superficial and temporary. The book is an excellent example of its class.

CLELAND'S DISSECTIONS.³

THIS excellent little work differs from many others of its class by not being an abridged anatomy, but simply a guide to the student. For instance, the

¹ *Illustrations of Clinical Surgery, consisting of Plates, etc., with Descriptive Letterpress.* By JONATHAN HUTCHINSON, F. R. C. S. Philadelphia: Lindsay and Blakiston. 1876.

² *Ophthalmic and Otic Memoranda.* By D. B. ST. JOHN ROOSA, M. D., and EDWARD T. ELY, M. D. New York: William Wood & Co. 1876. Pp. 264.

³ *A Directory for the Dissection of the Human Body.* By JOHN CLELAND, M. D., F. R. S. Philadelphia: Henry C. Lea. 1877.

origin and insertion of a muscle are not given, but the student is told how best to expose them, and attention is called to their peculiarities. The arrangement is good, the descriptions clear, and the book is of convenient size. In many respects it reminds us of Dr. Hodges's Practical Dissections, and this we should say is the only dissector to which Professor Cleland's work will not be a dangerous rival.

FOX'S ATLAS OF SKIN DISEASES.¹

THIS work continues to appear promptly. Both the text and the plates, which now number forty, fully sustain the opinions expressed in our notice of the first issue (see JOURNAL of March 30, 1876).

REFORM OF THE CORONER LAWS.

THE first formal step in the movement to reform the present laws relative to the appointment and practices of coroners may be said to have been made at the recent meeting of the council of the Massachusetts Medical Society, when the committee appointed for the purpose of inquiring into the expedience of any action upon the question presented their report. The committee find a general dissatisfaction with the present coroners' system existing not only in this country but in England, where the system is practically the same as our own, and that the lawyers are as little pleased with it as the doctors. This feeling is explained by the fact that the system is a remnant of past and obsolete usages, and is wholly unsuited to the needs of the present times; that the powers pertaining to the office of coroner are many, unrestricted, and dangerous, and that perversion of them is already notorious, the manner in which inquests are conducted being too frequently objectionable; that the number of coroners possible under the law is unlimited, and at present the appointments are far too numerous and easily obtained, many of those now holding office being totally unfit for the place, and the deeds of some being scandalous; that no redress is practicable, except through a very tedious process, "an address of both houses of the legislature to the governor," one too complicated ever to be resorted to; that the system is a very expensive one, "and even when an inquest is unexceptionably made, it is absolutely useless as an aid to justice, and, what is still worse, may in fact favor the escape of the guilty." Indeed, the committee think the present system has few if any redeeming qualities. The committee also find that "these defects involve the medical profession," inasmuch as many medical men hold the office of coroner, and thus share the discredit with those who claim to be members of the same profession, although not members of the Society, and who have disgraced the office.

The committee point out that in cases of sudden, unaccounted for, or unnatural death two separate and independent questions are to be considered, namely, "*What* caused the death?" and "*Who* caused the death?" it being the duty of the medical profession to inquire into and solve the former, the latter belonging to the magistrate and the courts. They therefore recommend a division of the

¹ *Atlas of Skin Diseases.* By TILBURY FOX, M. D., F. R. C. P. Philadelphia: Lindsay and Blakiston. Parts 6 to 10 inclusive.

coroner's duties ; " that the inspection of the body, the autopsy, and the inquiry into the cause of death should be given to the medical profession, while the necessity for a further inquest and its conduct, when decided upon, should be committed to the legal profession, with its detectives and courts ; and that each department should be separately held responsible for the proper performance of its own peculiar duties, and those only." The committee are in accord with the views expressed by Mr. Tyndale in his recent valuable article on this question, to which we have already called attention in these pages. Two or three medical officers or even less might replace the present army of these officials doing duty at present in Boston, a proportionate reduction in numbers being made throughout the State. To the courts might be left the work which they are obliged now to do over again *ab initio* after the coroner has finished his useless task. These officials should be selected from the best qualified and most eminent medical men, and should receive proper salaries, the office " to be held during good behavior," the incumbents being removed by the appointing power.

The report concluded by recommending the following resolution to be passed by the council : —

" *Resolved*, That a committee of five be appointed by the councillors of the Massachusetts Medical Society to coöperate with committees of other societies or associations and persons engaged in obtaining a reform in the laws pertaining to coroners, to go before the legislature, or other officials, if deemed by them necessary or advisable, to have a general charge of the matter in behalf of the Massachusetts Medical Society and the regular professors of medicine, and to report progress from time to time to the councillors."

The spirit in which the report was received may be gathered from the remarks of Dr. J. B. Bronson, of Attleborough. He fully indorsed the report of the committee. The subject, he thought, was ably canvassed and succinctly stated. It strikes the key-note of reform in our coroner system. It looks to a thorough revolution, and embodies principles which should be incorporated in an " act " better to subserve public justice, and in accord with the rights and highest interests of the entire public. He was satisfied that the public possess less knowledge concerning the importance and scope of this question than almost any other which bears as vitally upon their interests and is within the realm of legislation. The governor devoted a paragraph to this subject in his recent annual message, in which he recognized the importance of coroners' duties, and portrayed some of the defects of the present law and the abuses and dangers arising from the same source, in view of which a joint special committee of the legislature has been appointed to investigate the whole subject, and if deemed best will report to the legislature for adoption such an " act " as public justice and enlightened civilization demand at its hands. From conversation with some of the ablest members of the legislature Dr. Bronson felt assured that an " act " wisely drawn, reinforced by timely, judicious reasoning showing its necessity, could be passed by that body during the present session.

The resolution was, we are glad to say, unanimously adopted. With such emphatic indorsement from their colleagues, we trust that the new committee will not allow this movement to lag for want of energetic support ; that they will secure the preparation of a suitable bill, bring it promptly before the legislature, and sustain it vigorously. Now is the time to strike boldly for a new law.

MEDICAL NOTES.

—Sir William Fergusson, Bart., the distinguished London surgeon and president of the Royal College of Physicians and Surgeons, and Sergeant Surgeon to the Queen, is dead. His loss will be regretted in this country as well as in Great Britain. He was sixty-nine years of age.

—The third annual meeting of the Alumni Association of the medical department of the University of Buffalo will be held in that city on Tuesday, February 20th, at ten o'clock A. M. in the college building. The session will be continued throughout the day, with an intermission at noon, and the exercises will consist of the regular transaction of the business of the association and the reading and discussion of papers. At the conclusion of the Commencement exercises in the evening, Professor Frank H. Hamilton will deliver the address to the alumni. A supper will be served at the conclusion of the exercises in the hall.

—The *Saint Petersburger medicinische Wochenschrift* says that on the 22d of October there was an admission to a female medical course at the Nicolai Military Hospital. Of one hundred and forty-seven applicants twenty-four were admitted on certificate of a preceptor without examination, and eighty after examination of qualifications. A few others could not be accepted on account of lack of space, though they were duly qualified. They were allowed to attend lectures temporarily until the minister of war could arrange for them.

—We are informed that a case of hydrophobia which terminated fatally in a few days has recently occurred in Hancock, New Hampshire, under the care of Dr. H. H. Smith. A fatal case has also been seen by Dr. Beach, in Somerville, within a few weeks. The rarity of this disease in New England gives special interest to these cases. We hope to be able to present details of them to our readers shortly.

—M. Boutin, in a communication to the Paris Academy of Sciences, gives an account of researches made by him to ascertain the reason why some American vine stocks resist the attacks of the *Phylloxera vastatrix* while others succumb. He has discovered in the resistant stocks a certain resinoid principle, in proportion about a third greater than that in which it occurs in American non-resistant stocks, and in about double the proportion found in French stocks. He considers it essential to resistance that the resinoid principle should be present in the proportion of eight per cent. for the entire root, and fourteen to fifteen per cent. in the bark alone. He says that the incision made by the insect, while producing nodosities in the root, is cicatrized by the exudation of the resinous product, and this prevents the escape or loss of the nutritive sap of the plant. In non-resistant stocks, on the other hand, there is no cicatrization, as the resinoid principle is not in sufficient quantity to produce this effect.

—A children's hospital, the first established in Spain, has just been opened in Madrid.

—In Cetinje, in Montenegro, typhus has appeared in an epidemic form, for which it is as yet impossible to arrange adequate hospital accommodation. In Warsaw, also, there is a very severe epidemic of typhus, to which many

persons have fallen victims. The introduction of the epidemic is attributed to the return of Russian volunteers from Servia.

— Ten medical students took part in a political tumult in St. Petersburg on Nicholas Day, in which the popular cry was for Servia's welfare. Flags were displayed with such mottoes as "Land and Freedom," "A Free Press," etc. The character of the students' demonstration is described as nihilistic.

— The Charité of Berlin celebrated its one hundred and fiftieth birthday as a hospital on the 4th of January. It was originally established as a pest-house, but at a time when there was no immediate necessity for such a building in that quarter of the town. It was first occupied as an infirmary for citizens and soldiers, and in 1727 was formally opened as a hospital by King Friedrich Wilhelm I., and named the Charité. By him it was designated as an educational institution in medicine, as are most hospitals to-day in Germany. At this time no systematic university instruction was given in Berlin, the university having been founded as late as 1810 by Friedrich Wilhelm III., directly after Napoleon's war. The Charité received large donations from the king, and later from his son, Frederick the Great. In 1785, 1786, 1789, and 1797 large additions were made to the original single building. In 1830 it came under the direction of the Bureau of Education, known as the *Cultusministerium*. Since 1850 its immediate control has been by a board consisting of a physician of eminence and an inspector, the idea being to represent the educational party and the people, — the two elements whose interests are centred in the Charité. The present directors are General Physician Mehlhausen and Privy Government Councillor Spinola. Under these are fourteen directing physicians, most of whom are professors *ordinarius* in the medical faculty. In service are nine staff physicians of the army, twelve civil assistant physicians, twenty-six under physicians (*unteraerzte*), four apothecaries, three midwives, about three hundred nurses and attendants, besides a large posse of officials. The Charité has a capacity of fifteen hundred beds, with an outfit of two hundred more.

— We find in *La Nazione*, a leading Florentine journal, under date of January 1, 1877, an article entitled *Una Curiosa Scoperta*, detailing at length the interesting experiments upon the pulse made some years since by Dr. J. B. Upham, of this city, before the American Association for the Advancement of Science, at Salem. These experiments were extensively noticed at the time by the medical press of this country. They consisted in part, it will be remembered, of the transmission of the pulse beats over the electric wire from the City Hospital in Boston to the audience room at Salem. In this way the various characteristics of the pulse were made both visible and audible with such exactness as in some cases to allow of the diagnosis of the disease.

The article with the above heading in the Italian journal is a translation from one that appeared originally in the French newspaper *La Liberté*, which properly accredits the experiments to Dr. Upham, but speaks of them as though they had been recently performed, and states that they are about to be repeated before the Academy of Medicine in Paris.

— Brookes recommends common salt as a preventive in intermittent fever (*Deutsches Zeitschrift für praktische Heilkunde*). Pure salt is to be heated in a

pan till it has become of a brown color. For an adult at least a teaspoonful of this is to be dissolved in a glass of hot water and taken while it is lukewarm. In the tertian and quartan types it is to be taken fasting in the morning which follows the day of the fever, in the quotidian type one or two hours after the occurrence of the fever, also on an empty stomach. If the thirst after taking the dose is unendurable, a little water is allowable, otherwise for the next forty-eight hours a most careful diet must be observed. When hunger commences only a little chicken or weak meat broth is allowed. Brokes has used this simple method in the marshy low countries of Hungary and in the tropical parts of America, and has proved it to be "certain." A single trial "was enough;" rarely was a second one requisite.

— The following is a brief abstract of the diary of an English surgeon traveling on the Nile:—

"It soon got noised abroad that a hakim (doctor) was aboard, and the halt and the blind literally flocked for help, the very poor coming empty-handed, those better off bringing sheep, meat, bread, fruit, vegetables, trinkets, whilst the well-to-do brought money, gold finger rings and nose rings, all of the unalloyed metal, for these are the gold coin of the Soudan. One woman, a widow-farmer, owning many slaves—though it is commonly supposed that slavery is non-existent in Egypt—applied (just in time for amputation) with a fractured fore-arm, the bones protruding, and gangrene creeping beyond the elbow. Two men with stone were lithotomized, and Dr. Lowe performed three operations for cataract. He found excellent assistants in two engineers of the expedition, one of whom chloroformed the patients, and the other, having lived in a doctorless district in India, where he conducted an extensive amateur practice, held the staff in the lithotomy operations, and otherwise rendered efficient assistance. Dr. Lowe was constrained to depart the day after these operations, leaving them to chance, though confident they would do well, owing to the surprising power of recovery from surgical injury manifested by the Arab constitution. Three months afterward he learnt that, excepting one case of cataract with rotten cornea, all these patients made good recoveries.

"As the expedition could stay only a few hours at each town, Dr. Lowe found it impossible to attend to half the cases, and he was obliged reluctantly to deny assistance to a large number of miserable sufferers. It was piteous to be forced to turn a deaf ear to their supplications. Some pursued Dr. Lowe in boats, others chased him on camels along the river-side for two days; and one poor old man was carried for three days on camelback in the vain hope of obtaining surgical help."

The statement made by a writer in the *British Medical Journal* that a young surgeon traveling for his health in Egypt could earn sufficient money to pay for his trip is undoubtedly correct, as any traveler on the Nile could testify.

— Dr. Murphy, formerly professor of midwifery at the University College, London, and author of a well-known work on obstetrics, has recently died at the age of seventy-four years.

— Dr. A. H. Beaton in *The Canada Lancet* of December, 1876, reports the following remarkable case in obstetrics. He was called to a woman in Sep-

tember, 1873, whom, after a somewhat tedious labor, he delivered with the forceps. The child was born with a tumor, nearly as large as its head, in the umbilical cord about two inches from the abdomen. Otherwise the cord was normal as to length and size. On one side of the tumor was a patch of skin two inches in diameter, of the same color and appearance as the body of the child, the rest of it being membrane resembling the cord and, indeed, being a portion of it. At first he was at a loss to know what to do, but concluded, as he had very imperfect light, it being night, to cut on the outer side of the tumor, and make a more careful examination in the morning. The next day he had no difficulty in coming to the conclusion that the tumor contained the intestines of the child, and immediately attempted their replacement by manipulation.

A half hour's trial satisfied him that he could not succeed in this way, and he then concluded to open the sac. He made an incision three inches long and the intestines came rolling out so fast that he soon had both his hands filled with them. Every inch of the small intestines had been confined in the tumor, and from its construction and the presence of the patch of natural skin, Dr. Beaton had no doubt they formed and matured there. The process of returning or transmitting them to the abdomen was necessarily slow, as the opening was very small, and they were considerably distended with gas. The inconvenience of the presence of gas became greater as the work proceeded, and at length he had to resort to pricking the bowel in order to allow it to escape. The pricking was continued till the whole had been returned. The cord was then tied at the proper place, the abnormal appendage cut off, a pad adjusted, and the child dressed. A teaspoonful of castor-oil was ordered, and on his return four hours afterwards he learned that it had "operated nicely." The child thrived as well as any child could, and is now a fine healthy little fellow.

— In a clinical lecture on *The Dressing of Wounds*, by Richard Davy, F. R. C. S., published in *The British Medical Journal* for December 30, 1876, the author reports his experience in the treatment of wounds by the open method. During the past two years he has treated at the Westminster Hospital thirty-three cases of excision and amputation, all by the open method, and no death has resulted. The cases included excisions of the hip, knee, shoulder, and elbow, amputations of the thigh and leg, besides operations of a less degree of severity.

As compared with the antiseptic system, he claims that the open method, as far as his experience goes, has the following advantages:—

"(1.) Our results are equally as good as by the antiseptic system, no death having occurred from pyæmia or exhaustive discharge.

"(2.) Trouble and expense are reduced to a minimum.

"(3.) The fullest opportunity is granted to students for clinical observation; on the antiseptic system the wound is but seldom and briefly exposed.

"(4.) All nervous apprehension from the indiscreet removal of, and the painful repetition of, dressings is done away with.

"(5.) The process of healing by scabbing is solicited.

"(6.) Nature is duly accredited with her share in the performance, and a host of lotions and ointments are dismissed as plagiarists."

—Our British exchanges call attention to a recent article in the *Pall Mall Gazette* entitled English Patients and French Doctors. The article refers to a new bill which is about to become a law, and "which will," says the *Gazette*, "in its effect prove, and is really by its professional promoters intended to prove, prohibitive of the practice of medicine in France by British or foreign physicians, however eminent or capable." The bill obliges every foreigner who desires to practice in France to undergo an examination or examinations in order to convince the French authorities that he really has the medical knowledge which his foreign diplomas assert that he possesses.

The *Medical Times and Gazette* is not disposed to "take such a pessimist view of the situation as does the writer of the article in the *Pall Mall Gazette*," and it does not consider that the supply of English doctors for English patients is likely to be arrested by the action of the French government. "There are prudential reasons why the idea of absolutely excluding foreign, and especially English and German, physicians from France could not long be entertained." The English more than any other nation have rendered popular the health resorts in the south of France, which owe a large part of their existence to the English invalids and their friends who flock to them. Patients will go where their own medical men can look after them.

CASES OF ICTERUS NEONATORUM.

MESSRS. EDITORS, — Hoping to elicit something more than I find in the books relative to the pathology and treatment of this affection, I send to the JOURNAL a report of five fatal cases of pernicious icterus which took place in the same family, a series of calamities to which I cannot find a parallel in medical literature.

The mother of the children to whom this extraordinary fatality occurred is apparently a perfectly healthy blonde, aged about thirty-eight, who has no history of jaundice or any discoverable disease of the liver. I feel confident that neither she nor her husband has ever had syphilis. I obtained from her the following facts: She had been healthy during her seven previous terms of gestation, with the exception of intensely distressing pruritus vulvæ. This had tormented her throughout each pregnancy, without relief, though she had been attended by various skillful physicians. She has two living children who are remarkably healthy and strong. All the others died on the third day "as yellow as gold," except one who lived to the fourteenth day, when it died as yellow as the rest, having been stupid for two days previously. Mrs. C. is a truthful woman, and her account is confirmed in every particular by others who saw her children and know the circumstances.

Considering this succession of deaths from an uncommon and obscure cause so remarkable I kept the mother in view, and in about five months was called to her for the relief of the pruritus, and found her pregnant again. She had lost much sleep from the intolerable itching, but the frequent application of a solution of carbolic acid, one part to ten of water, relieved her entirely of this annoyance whenever it recurred. She remained well and actively engaged in

household duties till January 2, 1877, when I was called to her in labor. This was rapid, easy, and in every way natural, and the child, who weighed nine pounds, appeared unusually vigorous and healthy in every respect. All its functions were well performed for the first twenty-four hours, at the expiration of which time, at my second visit, I noticed more than the usual physiological discoloration of the skin. The mother was already very naturally alarmed about it, and at her solicitation, but without much faith, I decided to "do something for it." I accordingly ordered a cathartic and ten drops of sweet spirits of nitre three times a day, also frictions of the whole surface with spirits, hoping to facilitate the elimination of bile by stimulating the various emunctories. The cathartic relieved the bowels, the kidneys responded promptly, and a larger quantity of urine was passed, but it stained the diapers dark yellow. On the second day the mother had considerable milk and the child nursed well, but the jaundice rapidly increased; the baby became more and more stupid, could swallow nothing, and died comatose on the third day, as its brothers had done before. For twelve hours before death it was as "yellow as gold," as the mother said, precisely as the others were, and was a disgusting object to see. There was nothing unusual about the appearance of the navel. No autopsy was permitted.

Undoubtedly fatal icterus of the new-born is rare, but such a succession of fatal cases, children of the same mother, is rarer still. References to this disease by authors whom I have consulted are very brief and vague.

Vogel¹ states that most of the icteric children suffer from a still uncitrized and ulcerating navel, with which the icterus stands in the closest relation; and that usually phlebitis of the umbilical, sometimes of the portal vein, and small abscesses in the parenchyma of the liver are found at autopsies. He regards pernicious icterus, therefore, as a local condition or a complication of phlebitis umbilicalis. Its cause is to be sought, according to Frerichs, in a diminished tension of the capillaries of the hepatic parenchyma which ensues at the cessation of the afflux of blood by the umbilical vein, and causes an augmented transposition of bile into the blood. He further states, "So far as I am aware there is not one case of recovery reported."

J. O. MARBLE.

WORCESTER, January 27, 1877.

THE METRIC SYSTEM.

MESSRS. EDITORS, — The following note, just received from my friend Dr. de Wecker, of Paris, will, I think, settle the question as to the method of prescribing liquids by the metric system: —

"In answer to the question you have addressed me, I would state that *all medicinal substances, whatever their specific gravity, are, by the French Pharmacopœia, to be weighed.* To this rule there are no exceptions, unless, indeed, the physician indicates *drops* in his prescription."

H. DERBY.

Boston, January 29, 1877.

¹ Fourth Edition, page 72.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING FEBRUARY 3, 1877.

	Estimated Population, July 1, 1877.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,077,228			27.46
Philadelphia	850,856	242	14.79	22.88
Brooklyn .	527,830	189	18.62	24.31
Chicago . .	420,000	161	19.93	20.41
Boston . .	363,940	133	19.00	23.39
Providence	103,000	35	17.67	18.34
Worcester .	52,977	20	19.63	22.00
Lowell . .	53,678	31	30.03	22.21
Cambridge	51,572	24	24.19	20.54
Fall River	50,370	10	10.32	22.04
Lawrence .	37,626	23	31.79	23.32
Lynn . .	33,524	12	18.61	21.37
Springfield.	32,976	8	12.62	19.69
Salem . .	26,739	17	33.06	23.57

BOSTON SOCIETY FOR MEDICAL OBSERVATION. — The next regular meeting of the society will be held on Monday evening next, at eight o'clock, at its rooms, 36 Temple Place. Dr. J. T. G. Nichols will report An Obscure Case.

CITY HOSPITAL. — Dr. S. G. Webber has been appointed physician to out-patients with diseases of the nervous system.

Dr. E. W. Cushing has been appointed physician to out-patients with diseases of the throat.

COUNCILLORS' MEETING. — At a meeting of the council of the Massachusetts Medical Society, held on February 7th, Dr. R. H. Fitz was elected a member of the council in the place of Dr. W. W. Morland, deceased, and Dr. J. Collins Warren was elected in the place of Dr. J. B. Treadwell, resigned.

BOOKS AND PAMPHLETS RECEIVED. — Cases of Yellow Fever observed in Charleston, Summer of 1872, with Thermometrical and Pulse Observations noted at the Bedside, with a very High Percentage of Recoveries under the Treatment Used. By F. Peyre Porcher, M. D. (From the Charleston Medical Journal and Review.) Pp. 23.

A Directory for the Dissection of the Human Body. By John Cleland, M. D., F. R. S. Philadelphia: Henry C. Lea. 1877.

Ziemssen's Cyclopædia of the Practice of Medicine. Vol. VII. Diseases of the Chylopoetic System. New York: William Wood & Co. 1877. (From H. D. Brown & Co., 67 Cornhill, General Agents for this work in New England.)

Tablets of Anatomy and Physiology. By Thomas Cooke, F. R. C. S. Nine Parts. New York: William Wood & Co. 1873 and 1874.

The Practitioner's Handbook of Treatment, or the Principles of Therapeutics. By J. Milner Fothergill, M. D. Philadelphia: Henry C. Lea. 1877. Pp. 575. (For sale by A. Williams & Co.)

Liebig's Extract of Malt and its Chemical Composition, Manufacture, and Therapeutical Uses. By F. H. Davis, M. D., of Illinois. (Extracted from the Transactions of the American Medical Association.) Philadelphia. 1876. Pp. 8.

A Text-Book of Physiology. By M. Foster, M. A., M. D., F. R. S., Prælector of Physiology and Fellow of Trinity College, Cambridge. London: Macmillan & Co. 1877. Pp. 339. (From James Campbell.)

Extracts from the Records of the Boston Society for Medical Improvement, with Papers read before the Society. Published in the Boston Medical and Surgical Journal by the Secretaries of the Society, Charles D. Homans, M. D., and Francis B. Greenough, M. D. Vol. VI. Boston. 1876. Pp. 460.